

1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED Campbell, Tracy	Case 2:04-cr-020482-JPM Document 42 Filed 10/21/05 Page 1 of 2 PageID 66																																																																																																								
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:04-020482-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																																							
7. IN CASE/MATTER OF (Case Name) U.S. v. Campbell	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 922G.F -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCIAL MAIL																																																																																																										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS WILKES, SCOTTIE O. SUITE 850 200 JEFFERSON AVE. MEMPHIS TN 38103	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____  <input type="checkbox"/> Because the above-named person represented has testified under oath before this court and otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. <input type="checkbox"/> Other (See Instructions) <i>M. C. Wilkes</i>  Signature of Presiding Judicial Officer or By Order of the Court <i>10/17/2005</i> Date of Order      None Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																									
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																										
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION																																																																																																							
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																										
23. IN COURT COMP.      24. OUT OF COURT COMP.      25. TRAVEL EXPENSES      26. OTHER EXPENSES      27. TOTAL AMT. APPR./CERT  28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER      DATE      28a. JUDGE / MAG. JUDGE CODE																																																																																																										
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																																						

This document entered on the docket sheet in compliance  
with Rule 55 and/or 82(h) FNCRP on 10-24-05

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# Notice of Distribution

This notice confirms a copy of the document docketed as number 42 in case 2:04-CR-20482 was distributed by fax, mail, or direct printing on October 24, 2005 to the parties listed.

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Honorable Jon McCalla  
US DISTRICT COURT